

COMMUNICATIONS SERVICES TAX

APPLICATION FOR RESALE

NAME OF COMPANY/RETAILER	RESALE CERTIFICATE NUMBER (DRA use only)
NUMBER & STREET ADDRESS	COMMUNICATIONS TAX REGISTRATION NUMBER
ADDRESS (CONTINUED)	FEDERAL EMPLOYER IDENTIFICATION NUMBER
CITY/TOWN, STATE & ZIP CODE	SOCIAL SECURITY NUMBER

Provide a detailed explanation why you believe that your purchases of communications services are exempt from the communications services tax pursuant to RSA 82-A:9. (Attach additional pages, if necessary.) If applicable, this is required information.

Provide a statement which indicates the percentage of purchases that are resold and whether you purchased communications services are used for any of your own administrative purposes. (Attach additional pages, if necessary.) If applicable, this is required information.

Provide an explanation of how you calculated the resale percentage. If applicable, this is required information.

SIGNATURE (IN INK) OF AUTHORIZED REPRESENTATIVE

DATE

MAIL	NH DEPT OF REVENUE ADMINISTRATION
TO:	AUDIT DIVISION
	PO BOX 457
	CONCORD NH 03302-0457